

REISSUED MARCH 1, 2003
CORRECTION TO FAMILY PLANNING PERFORMANCE MEASURE CHART

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Maternity Support Services Managers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-01 MAA
Issued: January 13, 2003

For Information Call:
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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Replacement Page for Maternity Support Services Billing Instructions

The purpose of this memorandum is to issue Maternity Support Services providers updated replacement pages for the Medical Assistance Administration's (MAA) Maternity Support Services Billing Instructions, dated March 2002.

What has changed?

On page E.7, the Family Planning Performance Measure has been updated to include the most current birth control measures which are available and increase the time to complete the performance measure to sixty days post pregnancy.

To obtain this numbered memorandum and/or billing instruction electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Current Performance Measure

MSS providers include in their interventions a focus on family planning education so each woman can decide if she wishes to use birth control and which method would work the best for her.

Effective July 1, 2000, MSS agencies must include Question 4 from the Family Planning Interview Guide in client's record and, upon request, report the information to the state program for data collection. The complete Family Planning Interview Guide is available on-line at: <http://maa.dshs.wa.gov/firststeps>.

WITHIN THE 60 DAY POST PREGNANCY PERIOD

MSS/MCM Unintended Pregnancy Performance Measure:

	Yes	No
4a. Pregnancy planning has been discussed with the client.	•	•
4b. Client has initiated contraceptive method. (If no, go to question #8.)	•	•
If yes, check all contraceptive methods that apply:		
• Implant	• Condom (male)	• Male Sterilization
• Injectable	• Condom (female)	• Breastfeeding
• IUD	• Diaphragm	• Withdrawal
• Female Sterilization	• Cervical Cap	• Abstinence
• Oral Contraceptives	• Spermicides	• Natural Family Planning
• Emergency Contraception	• Vaginal Ring	• The Patch
• Other – List: _____		

What records must be kept in the client's file?

General Requirements for Providers:

[Refer to WAC 388-502-0020]

Providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth [record PIC, see definition on page 4];
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service; and
 - ✓ Plan of treatment and/or care, and outcome.
- Assure that the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains authenticates charts.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, for at least six years from the date of service or more if required by federal or state law or regulation.

Specific to MSS Agencies:

Minimum client record documentation for MSS agencies consists of the following:

- Written documentation in the client's file that all areas listed under *Freedom of Choice/Consent* and *Confidentiality and Release of Information* (see page A.3) have been addressed. **Release of client information must be signed by the client and renewed every 90 days.**
- Completed initial assessment and discipline-specific assessments.
- Childcare Screening (see page G.1).
- Plan of care (see page E.3).
- Written documentation of MCM eligibility screen, follow-up, and on-going communication with the maternity case manager.
- Written documentation of any referrals.
- Case conferences (see page E.4). Examples: narrative notes, signatures on the plan of care, or encounter log sheet.
- Evidence of on-going communication with the prenatal medical care provider, when possible.
- Family planning performance measure information (see page E.7 under **Current Performance Measure**).